

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, The Village Green, Buxton Road;
High Lane, STOCKPORT, Cheshire, SK6 8DR

Pharmacy reference: 1079993

Type of pharmacy: Community

Date of inspection: 20/09/2022

Pharmacy context

The pharmacy is in a residential area in Stockport next to a medical centre. It also has a post office attached to the pharmacy. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The pharmacy also provides other services such as New Medicines Service (NMS) and seasonal flu vaccinations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy team members appropriately manage the risks associated with providing the pharmacy's services. They are clear about their roles and responsibilities and understand their role to help protect vulnerable people. Pharmacy team members have a process to record mistakes and learn from them, but this has not happened in recent months so they may be missing out on some opportunities to make their services safer.

Inspector's evidence

The pharmacy had infection measures to help reduce the transmission of Covid-19. These measures included clear screens at the counter, masks, and hand sanitisers around the pharmacy for staff and people using the pharmacy. The pharmacy had a set of standard operating procedures (SOPs) in the dispensary which members of the team were aware of but not all members of the team had signed them. The SOPs were last reviewed in October 2019.

The SOPs defined the team members' roles and responsibilities. Team members could explain their main responsibilities and worked within their capabilities. They wore uniforms and were easily identifiable with name badges. The responsible pharmacist (RP) notice was visible from the retail area and identified the pharmacist on duty. The pharmacy team members knew clearly what they could and couldn't do in the absence of the RP.

The pharmacy team members highlighted and recorded mistakes during the dispensing process. This included mistakes which had been identified before the medicines had been handed to a person (near misses). And those where a mistake had happened, and the medicines had reached a person (dispensing error). The pharmacy had evidence of documenting near misses regularly up until June 2022 but not since then. The pharmacy team members explained this was due to the branch manager leaving but said they would start documenting these events moving forward. However, team members said they discussed any mistakes made and used the learning from these events to make changes to prevent the same mistake happening again. The team members had separated medicines that looked alike or had similar names to prevent the wrong medicines from being selected.

The pharmacy didn't have a documented complaints procedure to show at the time of inspection. But the pharmacy team members clearly understood how to deal with a complaint. There was also no notice for people to refer to if they wanted to complain. If there was a complaint, the team members would try and resolve the complaint and if they couldn't do so in the pharmacy, they would signpost people to head office by giving them the superintendent's contact details.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy team maintained appropriate records including controlled drug (CD) registers, RP records and private prescriptions records. The pharmacy kept running balances in all CD registers, and these were audited against the physical stock on a regular basis. The inspector checked the running balances against the physical stock at random for three products and they were all found to be correct. Records about private prescriptions were held electronically and emergency supplies were recorded manually, in date order. The pharmacy retained unlicensed specials invoices and the certificate of conformity; these included details of the prescriber and the person who had been supplied.

The pharmacy had information governance policies which were last reviewed in 2017. These had not been signed by all members of the team. However, the pharmacy team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste prior to collection. Confidential waste was transported to the company's warehouse where it was disposed of by a licensed contractor. The RP, who was a locum, had completed level 2 safeguarding training, but it was unclear what safeguarding training had been completed by other team members. However, the pharmacy team members understood what to do and explained what key safeguarding actions would be. The pharmacy team members clearly explained different key safeguarding scenarios and how to report concerns. The pharmacy had a chaperone policy, and the team members were aware this was an option which could be offered to people especially for safe space initiatives.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. Although there is no current regular pharmacist manager, the pharmacy has appropriate arrangements in place to make sure the branch is adequately staffed and supported. But the pharmacy team do not have regular reviews of how they are doing so they could be missing out on opportunities to develop their skills and knowledge.

Inspector's evidence

At the time of inspection, the pharmacy team members present were the locum pharmacist (who was the RP), an accuracy checking dispenser, one trainee dispenser and a counter assistant. There were also an accuracy checking technician and two trained dispensers who had come from other branches to support this pharmacy. The usual pharmacy team consisted of one accuracy checking dispenser, two trained dispensers, two trainee dispensers and four counter assistants. The pharmacy had not had a pharmacist store manager since June 2022. The accuracy checking dispenser was currently overseeing the day to day running of the branch with support from the area manager. The team coped with their workload during the inspection and worked well together. The area manager took responsibility for the staffing rotas.

The pharmacy team members were up-to-date with their training and most of the trainees were on track with their course. One trainee felt they were not as well supported due to the lack of a regular pharmacist but had been reassured that they would receive support from the area manager until a new pharmacist was employed. The pharmacy team members could not recall if an appraisal took place over the years nor was there any evidence in branch.

Team members were happy to raise any concerns and were comfortable sharing ideas with the current area manager and previous store manager. The team members were generally satisfied with the support received from their area manager and did not feel pressured to hit targets. The locum pharmacist also commented that he did not feel pressured to do a certain number of services such as the New Medicines Service (NMS). Pharmacy team members said they were aware the company had a whistleblowing procedure and knew what to do in the event of needing to raise a concern. Details about the whistle blowing policy could not be found during the inspection.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe, secure and appropriate for the pharmacy services provided. And the pharmacy has a suitable room for people to have private conversations.

Inspector's evidence

The pharmacy premises were clean, organised and adequately maintained. The pharmacy was accessible for wheelchair users and the passageways were generally free of clutter and obstruction. There was enough space to carry out dispensing tasks safely. The dispensary, benches and prescription storage areas were reasonably well-organised. The pharmacy had a private consultation room available, and it was kept locked when not in use. The room had enough space and private conversations in there couldn't be heard from outside. The pharmacy had a first floor which pharmacy team members mainly used to assemble multi-compartment compliance packs and store medication.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and it had hot and cold running water. There were toilets with a sink which provided hot and cold running water and other facilities for hand washing. The kitchen was clean and there was a sink providing hot and cold water. The levels of ventilation and lighting were appropriate during the visit. The overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The premises were protected against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has systems in place to help provide its services safely and effectively. It dispenses prescriptions in an organised way. And it takes particular care when checking medicines that have been dispensed offsite. It sources its medicines appropriately. And it stores and manages its medicines properly. It could do more to make sure it receives and acts on safety concerns about medicines promptly.

Inspector's evidence

The pharmacy had a clear flow for dispensing and checking activities. Dispensing audit trails were maintained to help identify who was involved in the dispensing, checking, and handing out of prescriptions. Additional notes were added to the patient medication record (PMR) as appropriate. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up.

The pharmacy had recently introduced two systems involving offsite dispensing. The first system was for original pack dispensing and involved the RP clinically checking the prescription before the information was sent to the offsite dispensary. There was up to a two-day turnaround time for the medicines to get back to the pharmacy once clinically checked. The team members explained as this system was in its infancy, they were still getting used to the new system, but this was largely working well. They were sometimes told about medicines the offsite dispensary could not send and this could lead to a delay in people receiving their medicines. Team members had been advising people to allow a few days turnaround for prescriptions to give the pharmacy more time to get all the stock to help mitigate the risk.

The second system used for offsite dispensing was for multi-compartment compliance packs. The pharmacy provided multi-compartment compliance packs to help around 40 people take their medicines; nine of these were nursing home residents. The accuracy checking dispenser or trained dispenser would send the most up-to-date Medicines Authorisation Record (MAR) to the offsite dispensary where they assembled the multi-compartment compliance packs. The offsite dispensary sent the multi-compartment compliance packs back to the pharmacy with recorded descriptions of what the products looked like and the manufacturers packaging leaflets. The pharmacy team member printed off the prescription and accuracy checked the packs to make sure the contents matched the prescription and MAR. The RP then clinically checked the prescription and carried out a second additional accuracy check of the packs. The pharmacy team members had put these extra safeguards in place to ensure errors were avoided.

Medicines awaiting collection were stored on shelves and patient identifiable data was not in view of people from the shop floor. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines. Medicines awaiting collection were cleared periodically to help ensure prescriptions that were no longer required were not given out inadvertently and to increase space. The pharmacy delivered medicines to people, and it recorded the deliveries made. The delivery driver left a card through the letter box if someone was not at home when they delivered. The pharmacy had a standard operating procedure (SOP) in place for the delivery service and

this was signed by the drivers.

The pharmacy team kept higher-risk medicines such as methotrexate in a separate area in the dispensary. The team members were aware of the criteria of the valproate Pregnancy Prevention Programme and would highlight any people who might need additional information to the pharmacist. The pharmacist counselled people receiving prescriptions for valproate if appropriate and they checked if the person was aware of the risks if they became pregnant while taking the medicine. The RP asked people who received warfarin for their latest blood test result each time they received a prescription for warfarin. This was to check that their results were within the expected range.

The pharmacy got its medicines from licensed wholesalers and specials were obtained from special manufacturers. Medicine stock for dispensing was generally stored in an orderly fashion in the dispensary and the pharmacy kept all stock in restricted areas of the premises where necessary. The pharmacy had medicinal waste bins to store out-of-date stock and patient-returned medication. It kept out-of-date and patient-returned CDs separate from in-date stock. The pharmacy stored its CDs securely. Pharmacy team members checked medicine expiry dates every three months and added any that had a short expiry to a list for team members to access. They monitored the minimum and maximum temperature of the medicine's fridge daily and the records seen were within acceptable limits.

Over-the-counter medicines were stored appropriately, and staff were aware of higher-risk over-the-counter medicines such as codeine-containing painkillers. Team members asked relevant questions and referred to the RP if they had concerns. On observation during the inspection, they were only selling one packet per person and referring to the RP if a person wanted more. The pharmacy received alerts about medicines and medical devices via email. The pharmacy team members printed the alerts off, signed it once actioned and then stored them in a folder. There was a clear audit trail of the alerts actioned up until May 2022. The pharmacy team members assured the inspector they would check for any more recent alerts and take the necessary action.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely and to protect people's confidentiality.

Inspector's evidence

The pharmacy had a range of up-to-date references sources available, and the RP explained that he used the online BNF on his phone for ease of access and for more up-to-date information. The pharmacy had equipment available to help prevent the risk of transmission of Covid-19. These included hand sanitisers, cleaning equipment, masks and plastic screens. The pharmacy had a set of clean, well-maintained measures available for measuring liquids. This included separate measures for different medicines to help avoid cross-contamination. The pharmacy computers were password protected and access to peoples' records was restricted by the NHS smartcard system. The computer terminals were kept in a secure area of the pharmacy away from public view. The fridge was clean and suitable for storing medicines. The equipment was tested regularly to make sure it was safe and functional.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.